

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>AK</i> | <i>32</i> | <i>8/8</i> |
| RESPONSE FORMALITY REVIEW | <i>SLC</i> | <i>931</i> | <i>09/05/01</i> |
| | | <i>809</i> | <i>11-30-01</i> |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|------|
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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11-30-01
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